

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **19508**

Registration District No. _____

Primary Registration District No. **1003**Registrar's No. **5246**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
In this community **1 Year 6 months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Dorothy M. Brennan**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov. 1st. 1918**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	25	7	6	hr. _____ min. _____

9. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Graduate Nurse**
City Hospital

11. Industry or business **Frank Brennan**

12. Name **Frank Brennan**
13. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Pearl Smith**
15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Dorothy Norstrom**

(b) Address **4003 Prospect Kansas City Mo.**

17. (a) **burial** (b) Date thereof **6-10-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City Mo.**

18. (a) Signature of funeral director **J. P. Schumacher**

(b) Address **3013 Meramec**

19. (a) **JUN 8 1944** (b) **J. P. Schumacher**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1621 Grattan (Nurses Home)**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **no** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7**
year **1944** hour **10** minute **55** p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Carbon monoxide poisoning**

1st. 2nd 3rd degree burns of face, forehead, upper back, both feet and both legs.

Due to **when she fell asleep while smoking a cigarette in bed at**

Due to **the nurses home city Hosp.**

June 7 & 1944 about 6.15 PM

Other conditions **1st. 2nd 3rd degree burns of face, forehead, upper back, both feet and both legs.**

(Include pregnancy within 3 months of death)

Major findings: Of operations **1st. 2nd 3rd degree burns of face, forehead, upper back, both feet and both legs.**

Of autopsy **1st. 2nd 3rd degree burns of face, forehead, upper back, both feet and both legs.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **June 7, 1944**

(c) Where did injury occur **St. Louis**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Industrial**

While at work? **yes** (Specify type of place) **St. Louis**

23. Signature **Alfred J. Perry** (M. D. or other)

Address **St. Louis** Date signed **6-1-44**

JUL 19 1948

SEP 1 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.